SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN Optio Standing (Magnerived) MAY 052017 Œ (ru

Permit#: Date: Refund: 201 \$ 5-16-17

Project Property Control Project Con	_	(x			The state of the s	xplain)			OGOIC
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PRIVY © CONDITIONAL USE © SPE Idress: CIEVELAND RD LAKE NEBAGA 1/Zip: 1/Zi	Writte Attach	este/Zip):	ress (include City/St	gent Mailing Add	795 2716	7 / S	pplication on behalf	erson Signing A	Agent:
PRIVY CONDITIONAL USE SPECIAL USE BOJ Idress: Sysyq City/State/Zip: Sysyq CLEVELAND RD LAKE NEBAGAMAN WIT /Zip:	Plumb		Argun	umber:	2/2	BHA		011	Contractor:
Derivy Conditional use Special use B.O.A. Idress: City/State/Zip: SUSUR CLEVELAND RD LAKE NEGREGAMON WIT	218-			54873	WIZ	City/Sto		2-8	Address of Property:
□ PRIVY □ CONDITIONAL USE □ SPECIAL USE □ B.O.A.	Teleph	IM M bashs	tate/Zip: E <i>NEBAGAM</i>	D RD LAK	1. 2. 0. 1	10	Z 12	CLES.	Owner's Name: Ke
101 701 71 February 2010 101 101 101 71 71 71 71 71 71 71 71 71 71 71 71 71				CONDITIONAL	PRIVY	USE SANITARY	▼ □ LAND	EQUESTED-	TYPE OF PERMIT RI
						•••			

Attach

Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Address to send permit

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

or letter(s) of authorize

1 August accompany this application)

7.7.1		Hold For Fees:		Hold For Affidavit:	Hold For TBA:		Hold For Sanitary:
Date of Approval: < 16 17	Date of					tor	of Ins
2	20 5			7 6	ないのかいま	the Town	Nest Seco
Dewes L	1000	. 3	ey need to be	Colc o	Conditions Attached:	Must Contact Uniform Duckly	Condition(s): Town
Date of Re-Inspection:	Date of Re		St Schierman	Inspected by: Q 1		£102/2017	Ĕ
rict (**F*)	Zoning District (Lakes Classification (TO pomit	or to 1500c	e e	Code	Inspection Record: Previous environ Conditions Light and Separate be	Inspection Record
C	Tes	lepresente Vas Proper	着いがな ちゃんかくに			Was Parcel Legally Created Was Proposed Building Site Delineated	Was I Was Proposed Bu
	#	/ariance (B.O.A.) Case	Previously Granted by Variance (B.O.A.) ☐ Yes ☐ No			ce (B.O.A.)	Granted by Variance (B.O.A.) Yes □ No
uired Yes Wo	Affidavit Required Affidavit Attached	□Yes ≅No □Yes □No	Mitigation Required Mitigation Attached	K(S))	(Deed of Record)	n-Standard Lot ☐ Yes on Ownership ☐ Yes ☐ Yes	Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming
			<i>[6-]</i> フ	Permit Date: 5-11		+	Permit #: 1
				Reason for Denial		Permit Denied (Date):	Permit Denied (Date):
Code.	orm Dwelling Cod	f Construction or Use has ired To Enforce The Unit lso require permits.	NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits. Sanitary Date:	Expire One (1) Year fron to Family Dwelling: ALL n, Village, City, State or Sanitary Number:	of New One & Two F The local Town, V	NOTICE: All I	
of the structure, or must be wishle from the structure, or must be [P], and Well (W).	the proposed site of the propo	ne boundary line from which the nown corner within 500 feet of the	Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be measured must be marked by surveyed corner to the other previously surveyed corner to the other previously surveyed corner or the other previously surveyed corner or the other previously surveyed to the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense. (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).	s than thirly (30) feet from e by the Department by use F New Construction	ore than ten (10) feet but les surveyed corner, or verifiable osed Location(s) or	construction of a structure mo corner to the other previously seyor at the owner's expense. Stake or Mark Prop	Prior to the placement or one previously surveyed marked by a licensed sun (9)
previously surveyed corner to the	be visible from one	which the setback must be measured must	boundary line from which the set	mum required setback, the xpense.	thin ten (10) feet of the min d surveyor at the owner's e	Prior to the placement or construction of a structure within ten (10) feet of the minimum required other previously surveyed comer or marked by a licensed surveyor at the owner's expense.	Prior to the placement or other previously surveyed
100	-		SetDack to Aveil	20' Feet	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Setback to Septic Tank or Holding Tank Setback to Drain Field Setback to Priny (Portable Composting)	Setback to Drain Field Setback to Drain Field
			Elevation of Floodpi			East Lot Line	Setback from the
Yes No		property	20% Slope Area on property	Feet		West Lot Line	Setback from the West Lot Line
		alk of blui	Setback from Math	Feet) , ,	North Lot Line	Setback from the North Lot Line
24/5 Feet	ter mark)	Setback from the Lake (ordinary high-water mark) Setback from the River, Stream, Creek	Setback from the La Setback from the Rivers of the Rivers	500 Feet 475 Feet	V.	Setback from the Centerline of Platted Road Setback from the Established Right-of-Way	Setback from the Setback from the
Measurement		Description		Measurement	M	Description	
Changes in plans must be approved by the Planning & Zoning Bept.	proved by the	es in plans must be ap	Chang	nt)	to the closest poi	(8) Setbacks: (measured to the closest point)	Please comple
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)				State of the state	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A CONTRACTOR OF THE CONTRACTOR	
D) Luke R	/or (*) Privy (P)	loiding Tank (HT) and	(*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%	(*) Driveway and (*) Frontage Road (All Existing Structures on your Proper (*) Well (W); (*) Septic Tank (ST); (*) (*) Lake; (*) River; (*) Stream/Creek; (*) Wetlands; or (*) Slopes over 20%	(*) Driveway an All Existing Stru (*) Well (W); (* (*) Lake; (*) Riv (*) Wetlands; o	Show Location of (*): Show: Show: Show: Show any (*): Show any (*):	(3) (2) (4) (5) (6) (7) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7
*	44,		applying for)	ess of what you are ruction	r Property (regardless of w Proposed Construction	(1) Show Location of: Proposed Construction (2) Show Location of: Proposed Construction (3) Show Indicate: North (N) on Plot Plan	(1) S

own, City, Village, State or Federal Permits May Also Be Required

LAND USE - X SANITARY -SIGN -SPECIAL -CONDITIONAL -BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

17-0141 No. Issued To: Donn & Lydelle Berquist Location: $\frac{1}{4}$ of -1/4 Section Township 44 Range 9 Barnes N. W. Town of Gov't Lot 3 Lot Subdivision Assessors Plat Block CSM#

For: Commercial Accessory Addition: [1- Story; Entry (10' x 12') = 120 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Must contact Uniform Dwelling Code agency contracted by Town of Barnes and secure UDC permit if project is regulated within the scope of the Town's contract.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete. This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Rob Schierman

Authorized Issuing Official

May 16, 2017

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138 APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Stampfreedweed

MAY 0 4 2017 ENTRE Refund:

Permit #: Date: Amount Paid: \$10-17 \$10-17 17-0148 5.57

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN I Bayfield Co. Zoning Dept.

	1274 Liter 1	a de gração	3745	T		a i Year		C \	er 20	1 0	, 4	8 3
Value at Time of Completion *include	Non-Shoreland	☐ Shoreland ——		Section 1	/4, 	PROJECT	Authorized Agent: (Pers	Contractor:	Address of Property:	OWNER'S NAME:	TYPE OF PERMIT REQUESTED	ecks are made payable to NOT START CONSTRUCT
Project		☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes—continue —▶	7, Township BARNEN, Range	NW 1/4 Gov't Lot	Legal Description: (Use Tax Statement)	Authorized Agent: [Person Signing Application on behalf of Owner(s)]	1/10/10/10	Address of Property:	TECKSHUL	UESTED - XLAND USE	Checks are made payable to: beying county forms, or been issued to applicant. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
# of Stories and/or basement		n 1000 feet of Lake	n 300 feet of River, of Floodplain?	٥	7 Lot(s)				6.	M		BEEN ISSUED TO API
ent Use		lf vescontinue	Stream (incl. Intermittent) If yescontinue	W Iown di:	CSM VOI & Page	Tax ID# (4-5 digits)	Agent Phone: A		CIN/State/LIP:	MIEN LOCA	☐ SANITARY ☐ PRIVY ☐ Mailing Address:	
# of bedrooms		Distance Struct	Distance Struct	BARROTES	Lot(s) No.	36390	gent Mailing Addre	Plumber:	MIS	No	City/State/Zip:	
What Type of Sewer/Sanitary System Is on the property?		Distance Structure is from Shoreline :feet	Distance Structure is from Shoreline : feet F	354	Block(s) No. Subdivision:	Recorded Deed Document #:_	Agent Mailing Address (include City/State/Zip):	P/KOWSK-1		MUKWONAGO	b. 23/4	CDECIALINE
Type of Itary System property?		□ No	in one?	23 S.F. /	Acceage Acreage	Deed (i.e. # assigned by Register of Deeds); #: 70/2 R-54/348	Attached Ores Ores	715 372 4	1881	Cell Phone:	elepho	R O A OTHER
Water		No 3	Are Wetlands Present?	20,1	1	84814.	Orization	7 4/6	2906			73

10

EXISTING STRUCTURES IN PER	The state of the s		Property	Run	Relo		Salur Conversion				material	Value at Time of Completion * include donated time &
The section of the se	mit being applied fo		erty	Run a Business on	Relocate (existing bldg)		ersion	☐ Addition/Alteration		New Construction		Project
	r is relevant to it)		☐ Foundation	☐ No Basement	Dascilletic	Dacamen*	□ 2-Story	1-Story + Lon	1	Y 1-Story		# of Stories and/or basement
Length:	Length:							Teal Noulin	N/ Van Dallad	Seasonal Seasonal		Use
	V.			BIION	- Nama	רז	3	1	2		1	# of bedrooms
Width: Height:	Width: 16 Height:	X None	Compost soller	Compost Tollet	Dortable (w/service contract)	Privy (Pit) or Vaulted (min 200 gallon)	Sanitary (Exists) Specify Type.		☐ (New) Sanitary Specify Type:	[Villicipal/City	DA: picinal City	What Type of Sewer/Sanitary System Is on the property?
									Xwe		_ Cit∨	Wate

	Proposed Construction:	Existing Structure: (If permit being applied for its relevant to its		
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			20	
		Width	Width:	
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mencions		Height:	Height:	
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Dronoced Use	\	Proposed Structure	Dimensions	Footage
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		rillicipal di wew (instance back atc)	×	
1	Г	Residence (i.e. capili, indiana prison) and	×	
		with Loft	< >	
Residential Use		with a Porch		
		with (2 nd) Porch	× ×	
		with a Deck	× >	
		with (2 nd) Deck	× >	
Commercial Use		with Attached Garage	*	
		Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	× (,)	101
	×	Mobile Home (manufactured date)	16 16	100
	Y	Addition/Alteration (specify)	X 100	1600
Municipal Use		Accessory Building (specify)	× ×	
		Accessory Building Addition/Alteration (specify)		
Rec'd for Issuance			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
		Special Use: (explain)	× ×	
		Conditional Use: (explain)	× >	
2		Other: (explain)		
		Live the second of the second	IEC.	

FAILURE TO OBTAIN A PERMIT OL STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

[(we) decidere that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. | (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. | (we) further accept liability which may be a result of Bayfield County providing in output providing in output of the providing in

Authorized Agent: (If you are signing on behalf of the owner(s) a letter of authorization this application)

Owner(s): (If there are Multiple

ners listed on the Deed All Owners must sign

or letter(s) of authorization must accompany this application)

Address to send permit

(*) Wetlands; or (*) Slopes over 20%	Show any (*):	3
() wetialius, or () supes over 20%	Show diff ().	
	Show Location of (*): Show: Show any (*): Show any (*):	(3) (4) (5) (6) (7)
Proposed Construction North (N) on Plot Plan	Show Location of: Show / Indicate:	(1) (2)
(1) Show Location of: Proposed Construction	Show Location of:	(1)

8 Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

yed corner to the	visible from one previously surveyed corner to the	boundary line from which the setback must be measured must be visible from on	tback, the	of the minimum required se	Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be
			Feet	-	Setback to Privy (Portable, Composting)
			Feet	\Q	Setback to Drain Field
Feet		Setback to Well	Feet	780	Setback to Septic Tank or Holding Tank
				,	
Feet	-	Elevation of Floodplain	Feet	152/	Setback from the East Lot Line
k No	Yes	20% Slope Area on property	Feet	M	Setback from the West Lot Line
Feet		Setback from Wetland	Feet	an	Setback from the South Lot Line
			Feet	104	Setback from the North Lot Line
Feet		Setback from the Bank or Bluff			
Feet		Setback from the River, Stream, Creek	Feet	,	Setback from the Established Right-of-Way
Feet		Setback from the Lake (ordinary high-water mark)	Feet	160	Setback from the Centerline of Platted Road
rement	Measurement	Description		Weasurement	Description

other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

@October 2016 らんしょ	Hold For Sanitary: 入业な Hold For TBA: □ Hold For Affidavit: □ Hold For Fees: □ Hold For	Signature of Inspector: Lad La	Conditions Attached? 「You's にんている しん	37.00	Inspection Record: Property lives and Project location Well Wherked W/LAth & Kibmer. Location as it was lived by owner appears to be code Compliant. of to Lakes Lakes	Was Parcel Legally Created	Granted by Variance (B.O.A.) Previously Granted by Variance (B.O.A.) Previously Granted by Variance (B.O.A.) Case #: Case #:	Is Parcel a Sub-Standard Lot	Permit #: 17-0148 Permit Date: 5-16-17	Permit Denied (Date): Reason for Denial:	issuance information (County Use Only)
T. C.	门关	Date of Approval: ڃ	J. cad	Date of Re-Inspection	Zoning District Lakes Classification (E WS)		Affidavit Required Affidavit Attached		and the second	ar)
Home	for.	5/1 / 1/2011	Secure		12	ON □ No		Yes You			

224.87 16×16 M.H. 225,47' 55295 LITTLE 15/And Ped.

own, City, Village, State or Federal permits May Also Be Required

LAND USE - X SANITARY - 17-26S SIGN -SPECIAL -CONDITIONAL -BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	17-014	2	Issue	ed To:	John St	techschulte)	Mulli	VIV				V-90
Location:	- 1/4	of -	1/4	Sectio	n 17	Township	45	N.	Range	9	W.	Town of	Barnes
Gov't Lot		Lot		<u> </u>	Block	Su	bdivisio	on				CSM#	
		1 01	tal Ovei	rall = 1,3	376 sq. ⁻	6' x 76') = 1, ft. require additio				0' x	16') =	160 sq. f	t.]
Condition	req	st cont uired b	act loc by State	al Unit	orm D e.	welling Co	de in	spec	tion age	ency	/ and	secure	UDC permit as
NOTE: This	s permit exp	ires one y	/ear from (date of iss	uance if th	e authorized co	nstructio	on		****	Ro	b Schieri	man

work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete. This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Authorized Issuing Official

May 16, 2017

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

Care I נרטרנו

Refund: Amount Paid: 5-1617 8150 SILI 17-014U

> General Contractor Self?

/PE OF PERMIT RE	AND USE	IITAŔY 🗆 PRIVY 🗅	□ SANITARY □ PRIVY □ CONDITIONAL USE □ SPECIAL USE	CIAL USE B.O.A.	O.A. OTHER	HER
Wner's Name:	Winer's Name:	Mailing Address: 1835 OAK Rider Ur	City/State/Zip:	54017	Telephone	***
とこれ、日本のいろろう	ARSSRSS		New Kichmond WI	Tw pro		
ddress of Property:		City/State/Zip:			クシーン60	0 6.
J 200 C + 0	of 3.05 (SM 4/054 VCF 396	BAMES, WI	54873		0	0770
ontractor: 12.11 P		Contractor Phone: F	Plumber:		Plumber P	Plumber Phone:
SACK MCCA		7/5- 1/00-2771 PAY V/50CKY	PAY VISOCKY		715-64	9-0145
uthorized Agent: (Per	alf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):	/State/Zip):	Written Au	Written Authorization
c	:				Attached	
	- Approximate -	Tax ID# (4-5 digits)		Recorded Deed (d (i.e. # assigned by Repicter of Deed	Repicter of Deeds
LOCATION	Legal Description: (Use Tax Statement)	1717		Document #:	N R-	R- 101
	Gov't Lot Lot(s)	CSM Vol & Page	Lot(s) No. Block(s) No.	Subdivision:		
1/4,		26.2				
Section 6 9	Section $\underline{\mathfrak{G}}$ 9 , Township $\underline{\mathcal{H}}$ 4 N, Range $\underline{\mathfrak{G}}$ 9 W	W BACNES	25	Lot Size	Acreage S,	Acreage 3,86
	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yescontinue —▶	er, Stream (incl. Intermittent) If yescontinue>	Distance Structure is from Shoreline:	ř	Is Property in Floodplain Zone?	Are Wetlands Present?
≰ Shoreland —►	系 Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	ke, Pond or Flowage If yescontinue>	Distance Structure is from Shoreline:	oreline :	□ Yes	□ Yes Æ.No
Non-Shoreland						

					50,000.	>		Value at Time of Completion * include donated time & material
The state of the s		Property	🗆 Run a Business on	☐ Relocate (existing bldg)	50,000. Conversion	☐ Addition/Alteration	New Construction	Project
		☐ Foundation	□ No Basement	☐ Basement	☐ 2-Story	☐ 1-Story + Loft	1-Story	# of Stories and/or basement
				and the state of t			↓ Seasonal	
			None None	- Assessment of the second of	□ 3	2	1	# of bedrooms
Distance	R None No BATHROOM 14 This	☐ Compost Toilet	ice contract)	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	ify Type:	☐ (New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary System is on the property?
(3		1		Variation	- X	□ Well	□ City	Water

			Proposed Use Y	•	Proposed Construction:	Existing Structure: (if permit being applied for is relevant to it)	**************************************
with Loft	Residence (i.e. cabin, hunting shack, etc.)	Principal Structure (first structure on property)	Proposed Structure	forch -> 10	Length: タッ	eing applied for is relevant to it) Length:	MATERIAL PROPERTY OF THE PROPE
				2)	Width: 16		
×	×	×	Dimensions Footage	1910	Height: 8 WALLS + Rec	Height	Dilding

Proposed Use	٠.	Proposed Structure	Dimensions	Square ' Footage
		Principal Structure (first structure on property)	(x)	
		Residence (i.e. cabin, hunting shack, etc.)	(x)	
		with Loft	(x	
☐ Residential Use		with a Porch	(×)	
		with (2 nd) Porch	(×	
		with a Deck	(×)	
		with (2 nd) Deck	(×	
☐ Commercial Use		with Attached Garage	(x	
		Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	(x)	
		Mobile Home (manufactured date)	×	
		Addition/Alteration (specify)	×	
- Municipal Use	X	Accessory Building (specify)	×	
-		Accessory Building Addition/Alteration (specify)	×	
Don's for long			Plus 10×10 Porch	3
Let a for realization	Ø	Special Use: (explain) bathering Loom Art Studio	(24 × 16)	1847
		Conditional Use: (explain)	×	
		Other: (explain)	×)
	~~		: 1	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

[we] declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) are responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which amy be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection. Owner(s): Owners of there are Multiple Owners

Authorized Agent:

Address to send permit

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

on the Deed All Owr

or letter(s) of authorization must accompany this application)

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

(1) (2) (3) (5) (5) Show Location of (*): Show / Indicate:

Show Location of:

- Show:
- Show:
- Show any (*): Show any (*):
- Proposed Construction

 North (N) on Plot Plan

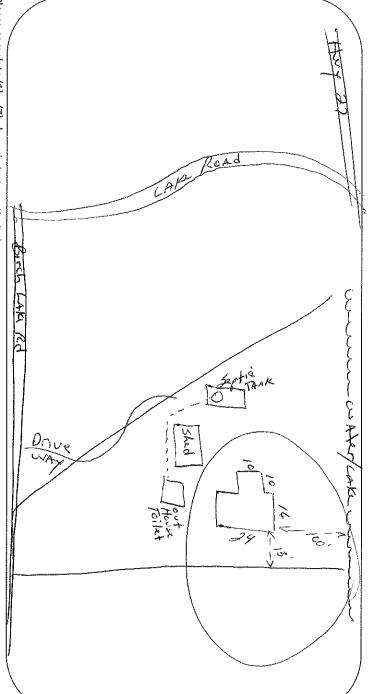
 (*) Driveway and (*) Frontage Road (Name Frontage Road)

 All Existing Structures on your Property

 (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

 (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

 (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

NORTH

Description	Measurement	Description	Weasurement	nent
Setback from the Centerline of Platted Road	Qmn Feet	Setback from the Lake (ordinary high-water mark)	100	Feet
Setback from the Established Right-of-Way	DO Feet	Setback from the River, Stream, Creek		Feet
4		Setback from the Bank or Bluff	75	Feet
Setback from the North Lot Line	13 Feet	J		
Setback from the South Lot Line	APRIX 50 Feet	Setback from Wetland		Feet
Setback from the West Lot Line	/CC Feet	20% Slope Area on property	☐ Yes	X No
Setback from the East Lot Line /2	100 + Feet	Elevation of Floodplain		Feet
Setback to Septic Tank or Holding Tank	35 Feet	Setback to Well	1004	Feet
Setback to Drain Field	50 Feet			
Setback to Privy (Portable, Composting)	Feet			

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

9 Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code

Hold For Sanitary: Hold For TBA:	Signature of inspector:	Will regulare additional persults.	Condition(s): Town, Committee or Board Conditions Attached? Yes No-(If No they need to be attached.)	Date of Inspection: S IS Zo 17	Inspection Record Project location and Property Hars Well Marked, by owner. Location Appares to be Code Compliant. OF TO issue L. U. Parant	Was Parcel Legally Created ☐ No ☐ No ☐ Was Proposed Building Site Delineated ☐ No ☐ N	Granted by Variance (B.O.A.) Yes No Case #: NA	Is Parcel a Sub-Standard Lot	Permit #: 17-024	Permit Denied (Date):	Issuance Information (County Use Only)
Hold For Affidavit:		やくてきない	thed? Yes No-(If No they need to be attached.)	Inspected by: Cobert Schieran	Compliant OF TO 1350-E L	Were Property Lines	Previously Granted by Variance (B.O.A.)	ous Lot(s)) ZÑo Mitigation Required ☐ Yes Mitigation Attached ☐ Yes	Permit Date: $5-16-17$	Reason for Denial:	Sanitary Number: 15.435 # of be
Hold For Fees:	Date of Approval: 5/15/20)		to Existing POWTS	Date of Re-inspection:	OF TO 1350-2 L.U. Parant. Lakes Classification (Represented by Owner Pres Survey 1:00	ខ្ល	Affidavit Required Affidavit Attached			# of bedrooms: Sanitary Date:
, ,	5/15/201		75		. (No □ No		□ Yes □ No			

City, Village, State or Federal May Also Be Required

SANITARY SIGN SPECIAL CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	17-0144				Issued	d То: Da	vid S	chmelter & Jill Claessens							
Location:	-	1/4	of		1/4	Section	9	Township	44	N.	Range	9	W.	Town of	Barnes
Gov't Lot			l	_ot	3	Blo	ck	Sul	odivisio	on		· · · · · · ·		CSM# 1	1054

For: Residential Accessory Structure: [1- Story; <u>Art Studio</u> (24' x 16') = 384 sq. ft.; <u>Porch</u> (10' x 10') = 100 sq. ft.]
Total Overall = 484 sq. ft.

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Not to be used for human habitation. Connection to existing POWTS will require additional permits.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete. This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Rob Schierman

Authorized Issuing Official

May 16, 2017